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Digest of the Philadelphia College of Osteopathic Medicine (Spring 2007)

Philadelphia College of Osteopathic Medicine

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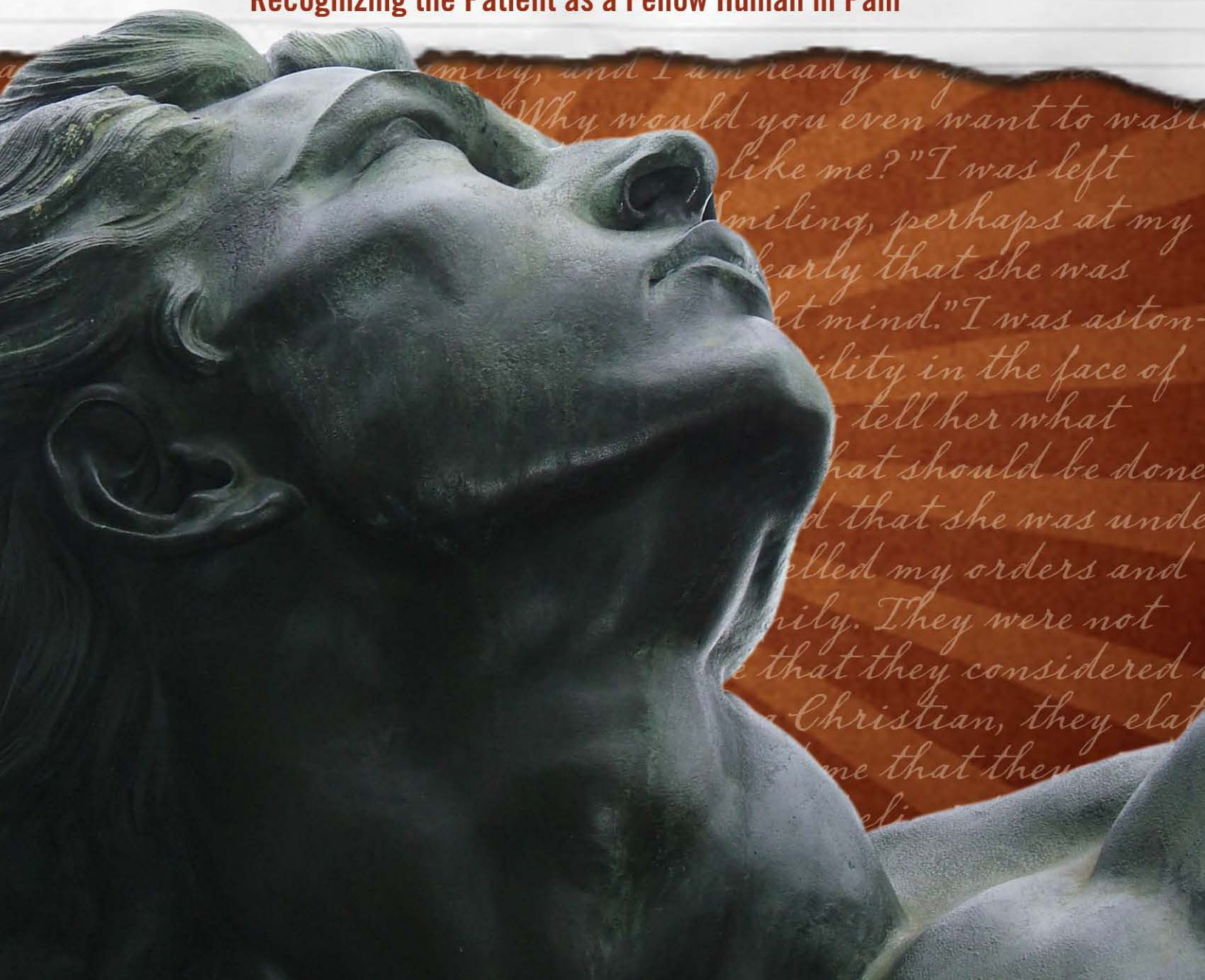
FOR ALUMNI & FRIENDS OF PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE

DIGEST

2007 NQ2

On Humanism In Medicine

Recognizing the Patient as a Fellow Human in Pain





OPENING REMARKS

Dear Alumni and Friends,

The vignettes that comprise the feature article of this issue of *Digest*—experiences imparted by PCOM alumni—demonstrate the integrity, sensitivity, compassion and empathy of the humanistic osteopathic physician. Their yearnings to bring a greater sense of shared humanity to their practices are expressed in a professional sanctity for human life, a respect for human dignity and an appreciation for human diversity.

“Leaders in the New Frontier of High-Technology Surgery” portrays the distinctive proficiencies of two osteopathic surgeons, Francis P. Sutter, DO ’76, and Jamison Jaffe, DO ’00. These alumni—among other PCOM surgeons across the nation—are able to offer significant benefits to their patients through robotic minimally invasive procedures resulting in less blood loss and pain, lower risk of complications, shorter hospital stays and quicker recovery times. Their special surgical training has put them on the cutting edge of medicine, while their osteopathic education keeps them patient-focused in their approach to care.

Elisa B. Shipon-Blum, DO ’90, trained as an osteopathic family physician, intrigues and inspires. She developed a pressing interest in selective mutism (SM) when she had to resort to trial and error in order to help her daughter Sophie, now 13,

overcome a paralyzing mutism. Today she runs an SM clinic and travels across the country instructing concerned parents, teachers and clinicians about cognitive-behavioral techniques aimed at increasing verbal interaction.

On a final note, the College acknowledges with great sorrow the passing of Ida C. Schmidt, DO ’35, a physician with a steadfast love for and dedication to the osteopathic profession. Hers was at all times a genuine passion to heal others—mind, body and spirit—from the eyebrows to the arches of the feet.

I thank you for your continued interest in and support of the College.

With warmest regards,

Matthew Schure, PhD
President and Chief Executive Officer



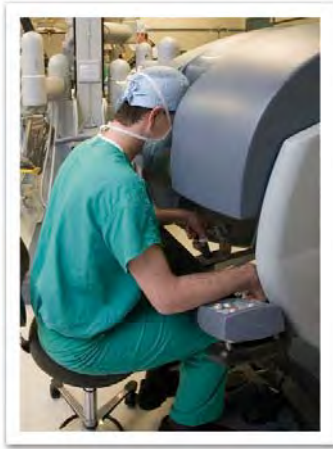
DIGEST

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Through the powers of observation and writing, PCOM alumni reflect on humanism in medicine—experiences of discontent, feelings of impotence as physicians and the healing power of compassion. There is an enhanced self-consciousness and an awareness of the patient as a whole person.

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LEADERS ON THE NEW FRONTIER OF HIGH-TECHNOLOGY SURGERY

Francis P. Sutter, DO '76, and Jamison Jaffe, DO '00, are among national leaders in minimally invasive surgery. Advanced robotic-assisted technology allows complex surgery to be performed through tiny incisions. Patients benefit with less pain, lower complication rates and quicker recovery times.

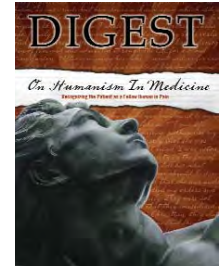
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Finding little research on selective mutism, Elisa B. Shipon-Blum, DO '90, had to resort to trial and error in order to help her toddler overcome a paralyzing mutism. Today, she runs a selective mutism clinic with a two-year waiting list and travels the nation speaking with concerned parents, teachers and clinicians.



22 REMEMBERING IDA SCHMIDT, DO '35

"My patients and students keep me going" was her enduring mantra. For more than 70 years, Ida Schmidt, DO '35, practiced and taught osteopathic medicine. She had at all times a genuine passion to heal others.



ON THE COVER

For modern medical practitioners, humanism implies a new acceptance of the role of the physician—as healer, advocate, comforter and protector.

cover photo: Gautier Guillaume@istockimages®

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Catherine E. McCoubrey (EdS '08) reflects upon the disparities prevalent in health care—and her desire to revisit the roots of her own personal commitment to social justice.



PCOMUPDATES

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EDITOR

Jennifer Schaffer Leone

CREATIVE DIRECTOR

Wendy W. Romano

ASSOCIATE EDITOR

Carol L. Weisl

ALUMNI EDITORS

Madeline Law

Pamela Ruoff

Florence D. Zeller

GRAPHIC DESIGNER

Lisa Smith

CONTRIBUTING DESIGNER

Abigail Clayton

CONTRIBUTING WRITERS

Catherine E. McCoubrey (EdS '08)

Nancy West

PHOTOGRAPHERS

Bruce Fairfield

John Shetron

Tabatha Trolli

CONTACT US

Phone: 215-871-6300

Fax: 215-871-6307

E-mail: jenniferleo@pcom.edu

Mail: 4180 City Avenue
Philadelphia, PA 19131-1695

www.pcom.edu

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Opinions expressed are not necessarily shared by the College or the editors.

CCDA Receives \$2 Million Endowment

PCOM's Center for Chronic Disorders of Aging (CCDA) has received a \$2 million endowment from the Osteopathic Heritage Foundation to advance the work of the Center. The Columbus-based Osteopathic Heritage Foundation promotes quality of life, community health, osteopathic medical education and research through targeted funding initiatives, research sponsorships and endowments. The endowment is named in honor of three PCOM alumni: Ruth E. Purdy, DO '50; George O. Faerber, DO '61; and Peter E. Johnston, DO '59, all of whom are associated with the foundation. The College has provided a 25 percent match of \$500,000 to the endowment.

The mission of the CCDA is to improve the quality of life for all individuals suffering from age-related chronic diseases and disorders by supporting and facilitating collaborative research and educational programs. The CCDA provides opportunities for osteopathic medical students, residents and graduate students in numerous disciplines to work closely with researchers in addressing the most pressing needs of aging individuals with chronic conditions.

The Center supports basic and applied investigations into areas such as Alzheimer's disease, osteoporosis, obesity, gingivitis, hypertension, inflammation, multiple sclerosis, Parkinson's disease, reperfusion injury, rheumatoid arthritis and spinal cord injury, among others. "Modern medicine is enabling people to live longer, but longer life results in an increase in age-related chronic diseases," explains the Center's basic science director, Brian Balin, PhD. "Chronic conditions may originate at any point in one's life span, and therefore, these processes must be studied from birth to the end of life."

CCDA

Center for Chronic Disorders of Aging



Denah Appelt, PhD, professor, neuroscience, physiology and pharmacology, conducts electron microscopy and biochemical analysis of Chlamydia pneumonia induced inflammation in Alzheimer's disease. Collaborative research between faculty and students is an important mission of the CCDA.

The CCDA's clinical research director, Michael Kuchera, DO, stresses that while the CCDA addresses chronic disorders, it does so within the framework of health promotion and prevention. "We have an obligation to explore measures to prevent or slow disorders that reduce vitality or quality of life. We intend to reach beyond the institution's walls to collaborate with city, state and national researchers and to be a resource for information on the latest advances in the clinical application of research findings."

"The Osteopathic Heritage Foundation has been impressed with the rich tradition and quality programming at Philadelphia College of Osteopathic Medicine," said Richard Vincent, president and chief executive, Osteopathic Heritage Foundation.



Georgia Campus Kicks Off Clerkships

In another GA-PCOM first, the class of 2009 has embarked on their first year of clerkships. “We have a wide variety of clerkship options,” says H. William Craver III, DO ’87, chair of undergraduate clinical education. “Area hospitals are very excited to welcome our students. They know osteopathic physicians have a tradition of going into primary care in underserved areas, and they want an association with us in the hope that our future physicians will serve their communities.” GA-PCOM has arrangements with approximately 100 hospitals and 400 preceptors in Georgia and the surrounding states.

In addition to traditional clerkships, GA-PCOM has agreements with several hospitals and medical education consortiums at which students will spend their entire third year. Adam Justice (DO ’09) will be completing his third-year clerkships through the Alabama Medical Education Consortium (AMEC). He will train at the Baptist Hospital System in Montgomery, Alabama. Although he does not know the order of his rotations, he is pleased to be staying in one location. About his upcoming year he says, “Overall, I’m excited to get into the clinic and get some hands-on experience. I look forward to doing my part in establishing relationships between GA-PCOM and the surrounding states with the hope of bringing more qualified physicians to the South.”

Tiffany Sanders (DO ’09) is excited to begin her clerkship at Dekalb Medical Center, Decatur, Georgia, in OB/GYN. “I hope to gain as much knowledge as possible during each rotation and leave with confidence. GA-PCOM has provided me with a sound foundation that I will build upon as a life-long student.”

School PsyD NASP Approved

PCOM’s PsyD program in school psychology has been designated “NASP Approved” by the National Association of School Psychologists. “NASP approval is a major and significant achievement for our program, faculty, students and College and provides well-deserved national recognition and distinction to this outstanding young program,” explains Robert A. DiTomasso, PhD, professor and chair, psychology. “NASP approval provides one more piece of evidence supporting what we already know about our programs here at PCOM. We are committed to excellence in graduate education in the preparation of competent practitioner-scholars, in this instance in the schools serving our children and youth.”

COCA Site Visit

On March 20-22 the Commission on Osteopathic College Accreditation (COCA) of the American Osteopathic Association conducted a full site visit at Georgia Campus. The team reviewed branch campus progress in many areas including student services, faculty, curriculum, research, facilities, organization and mission. Following several days of meetings with faculty, students and staff, the visiting team issued their report, which contained no requirements, three recommendations and two commendations.

STAN Joins Georgia Campus



GA-PCOM acquired its first human patient simulator, STAN, in February. The lifelike mannequin speaks and breathes, has a heartbeat and a pulse, and accurately mirrors human responses to procedures such as CPR, intravenous medication, intubation, ventilation and catheterization. Stan will help GA-PCOM students build confidence and competence in clinical skills through practical, hands-on experience.



Kudos

John Cavenagh, PhD, PA-C, chair, physician assistant program, authored the article "Influence of Route of Entry to a Physician Assistant Education Program on Selected Characteristics of Practices of Physician Assistants," which was published in the *Journal of Physician Assistant Education*.

Ray Christner, PsyD, assistant professor and director, EdS/degree, school psychology, has been appointed editor of *School Psychology Forum: Research in Practice*, a new electronic journal published by the National Association of School Psychologists. In addition, he and **Rosemary Mennuti, EdD**, professor and director, school psychology, received a mini-grant to be used to support a program on positive discipline of children. They will use this funding to sponsor a parent workshop at the Byers School, one of the school psychology program's partner schools in Philadelphia.

Leslee Frye (EdS/Psy '08) and **Elvira Zuazo-Legido (PsyD)** each received a Tiny Grant from the National Association of School Psychologists to facilitate groups for children who have recently lost a parent. NASP provides Tiny Grants directly to NASP members to help meet children's welfare, educational or mental health needs.

Katherine Galluzzi, DO, professor and chair, geriatrics, was certified in hospice and palliative medicine by the American Board of Hospice and Palliative Medicine. Dr. Galluzzi was made a member of the National Steering Committee for the Educational Initiative on Opioid Misuse, Abuse and Diversion sponsored by the Dannemiller Memorial Educational Foundation. In addition, Dr. Galluzzi spoke at the Colorado Society of Osteopathic Medicine's February CME; she lectured on Alzheimer's and mild cognitive impairment, end of life pain and symptom management at

Legislators Visit PCOM and GA-PCOM

PCOM hosted its annual breakfast meeting for local legislators in January. Matthew Schure, PhD, president and CEO, discussed some of the College's recent accomplishments, including the school psychology's PsyD program approval by the National Association of School Psychologists, the physician assistant studies' accreditation, the Center for Chronic Disorders of Aging's \$2 million endowment and the success of PCOM's outcomes-based learning assessment. The legislators appreciated the opportunity to learn about the College and how state and federal funds make a difference to the College and its students. An aide to Senator Robert P. Casey, Jr. noted how important PCOM-trained physicians are in his underserved Mercer County district.

At the Georgia campus, members of the Health and Human Services Committees of both the Georgia Senate and Georgia House of

Representatives met with PCOM executives at two separate dinner meetings in March to discuss ways to build bridges between the College and Georgia legislative leadership. PCOM officials also used this opportunity to demonstrate the campus' commitment to health care in Georgia and the Southeast.

Psychology Department in the News

PCOM's psychology department was featured in an article, "Supplying Therapy Where It's Needed Most: A Philadelphia-based Program Matches Psychology Interns and Students With Primary-Care Physicians," in the January issue of *Monitor on Psychology*. The article focuses on the partnership between psychology department interns and students and the primary care physicians at PCOM's urban Healthcare Centers.

The article may be viewed at: www.apa.org/monitor/jan07/therapy.html



Arthur Sesso, DO '81, professor and chair, department of surgery, and program director, general surgery residency, demonstrated the College's new laparoscopic simulator for Pennsylvania legislators and their aides.



William Meis, DO '82, assistant professor, surgery; chair, surgery department, Roxborough Memorial Hospital, talks with a student after his presentation at the Henwood Lecture Series.

Henwood Lecture Series Continues

The fifth annual William R. Henwood, DO '76, Surgical Lecture Series was held this spring. Six lectures by three surgeons covered topics ranging from abdominal trauma and cardiac surgery to peripheral vascular

disease and aneurysm. The lecture series was established by Carol Henwood, DO '83, to honor her father's surgical career and commitment to teaching at PCOM. Dr. Bill Henwood is associate professor of surgery and regional assistant dean for western Pennsylvania.



Students Reach Out

Students from PCOM's Anesthesiology Club, Phi Sigma Gamma and rugby team volunteered at Hand-in-Hand, a carnival sponsored by St. Joseph's University for physically and mentally challenged individuals in the greater Philadelphia region. PCOM student doctors staffed a health care table at which they offered blood pressure, pulse and vital signs screenings. The students also handed out gifts and stickers to help reduce the participants' fears of doctors. "The day was very rewarding," concludes Bernard Ciongoli (DO '09), president, Anesthesiology Club, who coordinated PCOM's efforts.

Kudos

the end of life. She was also a reporter at a recent meeting at the National Institutes of Health in Bethesda, MD. The topic was pain, opioids and addiction: an urgent problem for doctors and patients.

Elizabeth Gosch, PhD, associate professor and director, MS in counseling and clinical health psychology, has been appointed to the publications committee of the Association for Behavioral Cognitive Therapies. In addition, she is coauthor of the article "Principles of Cognitive Behavioral Therapy for Anxiety Disorders in Children," which was published in the *Journal of Cognitive Psychotherapy*.

James Hale, PhD, associate professor and associate director, clinical training, school psychology, authored the article "Implementing IDEA 2004 with a Three-Tier Model that Includes Response to Intervention and Cognitive Assessment Methods," which was published in the online journal *School Psychology Forum: Research in Practice*. Dr. Hale also coauthored two articles that appeared in *Psychology in the Schools*: "Cognitive Hypothesis Testing and Response to Intervention for Children with Reading Disabilities" and "Implementation of IDEA: Integrating Response to Intervention and Cognitive Assessment Methods." He was made a diplomate by the American Board of School Neuropsychology.

Fred Rotgers, PhD, associate professor, psychology, has been appointed U.S. Editor-in-Chief of the international journal *Addiction Research and Theory*. In addition, he will chair a symposium on harm reduction therapy at the American Psychological Association's 2007 convention. This is the first time harm reduction therapy has been on the agenda at an APA convention.

Extraordinary Achievements

PCOM was recognized for outstanding accomplishments in osteopathic medicine at this year's Convocation of the American Academy of Osteopathy. Michael Kuchera, DO, professor, department of osteopathic manipulative medicine, was awarded the A. T. Still Medallion of Honor, which is the highest award the academy offers. In receiving this award, Dr. Kuchera follows in the footsteps of PCOM greats David Heilig, DO '44; Nicholas Nicholas; and Wayne English, DO '58. Dr. Kuchera is especially proud to note that his father, William A. Kuchera, DO, received this award in 2001.

Also at this year's convocation, the PCOM Undergraduate Academy of Osteopathy (UAAO) won the chapter of the year award for the third time in five years.

Michael Lowney (DO '08), a third-year OMM fellow, took fourth place in the Hollis Wolf, DO case presentation contest.



Lauren Strohm (DO '09) will serve as national president of the student association of the ACOFP.

Meanwhile, at the annual meeting of the American College of Osteopathic Family Physicians (ACOF), Lauren Strohm (DO '09) was elected national president of the student association of the ACOFP. In addition, PCOM's student chapter of the ACOFP won the prestigious President's Award.



Dr. Kuchera (pictured center) with Denise Burns, DO, associate professor, OMM; Alexander Nicholas, DO '75, chair, OMM; and members of the PCOM UAAO at the Convocation of the American Academy of Osteopathy.

GA-PCOM Students Recognize Distinguished Faculty and Staff

On April 13, the student body of GA-PCOM recognized those faculty/staff members who have demonstrated substantive contributions to the campus community through achievements in research, excellence in teaching/mentoring and distinguished participation in service activities.

Fred Katz, DO, clinical associate professor, radiology, was named Basic Science Professor of the Year, and Daren Wannamaker, DO, clinical assistant professor, internal medicine, was named Clinical Professor of the Year.

Donald Penney, MD, clinical professor, neurosurgery, was presented with an appreciation plaque for exceptional instruction in neurosurgery.

H. William Craver, DO '87, chair of undergraduate clinical education and associate professor, surgery, was recognized for his work developing the clinical clerkship program for third- and fourth-year DO students.



Samvid Dwivedi (DO '09) presents Dr. Craver with a plaque in recognition of his work developing the clinical clerkship program for GA-PCOM students.

Lori Cushing and Irene Hince, clinical education coordinators, received kudos for their assistance in scheduling student rotations.



Congressman Tours Georgia Campus

Georgia's 6th District Congressman Tom Price joined senior administrators of GA-PCOM for a tour of the campus and discussions about how the College can address some of the state's health care needs.

Congressman Price received a doctor of medicine degree from the University of Michigan and completed his orthopedic surgery residency at Emory University. In Washington, he has been an outspoken advocate for patient-centered health reform and finding solutions for covering the uninsured. His credits include legislative efforts to move the nation's health care delivery system toward a defined contribution plan, allowing for greater patient access and choice.

Congressman Price has also spearheaded efforts to cover the uninsured. In order to preserve access to quality care for all Americans, including seniors, Price has fought for appropriate physician reimbursement for treating patients.

SNMA Recognizes Greta Jeanne Stewart, DO '96

The PCOM chapter of the Student National Medical Association (SNMA) honored Greta Jeanne Stewart, DO '96, at this year's 19th Annual Recognition Reception. Dr. Stewart was presented with the Meta Christy Award for her work at Delaware Valley Community Health's Fairmount Health Center. The center provides high-quality, culturally competent primary, dental and behavioral health care services to underserved communities. In her position as associate medical director, Dr. Stewart oversees several physicians, physician assistants, and a clinical support team that cares for approximately ten thousand patients.



With Congressman Price (second from left) are John Fleischmann, EdD, campus executive officer; Matthew Schure, PhD, president and chief executive officer; and Paul Evans, DO '79, vice dean and chief campus academic officer.

Dr. Stewart serves as a preceptor for fourth-year medical students, and her commitment to quality clinical training in urban care has placed her among the vanguard of minority physicians who train minority medical students.

The Meta Christy Award was established in honor of PCOM's first minority graduate, Meta Christy, DO '21. The award is given in recognition of the exemplary practice of osteopathic medicine, service to the community and inspiration to future DOs.



Monique Gary (DO '09) and Matthew Montgomery (DO '09), SNMA chapter co-presidents, present Dr. Stewart with the Meta Christy Award.



Dating for a Cause

A student makes a bid for a date at the College's Second Annual Date Auction. The auction, organized by PCOM's Pediatrics Club, raised \$5,360 for the Make-A-Wish Foundation of Philadelphia and Southeastern Pennsylvania. The Make-A-Wish Foundation grants the wishes of children with life-threatening medical conditions to enrich the human experience with hope, strength and joy.



PCOMUPDATES

OMM Fellows Named

Third-year medical students James Bailey, Rebecca Margolis, Patrick O'Donnell and Heather Roehrs have been accepted into PCOM's OMM fellowship program. As OMM fellows, they will attend PCOM for an additional 12 months, serving in the College's OMM department as both instructors and practitioners.

"I am very thankful to have the privilege to teach future PCOM students," says Ms. Margolis. "I look forward to learning the ways to integrate OMT into any medical specialty. The fellowship will be a benefit to both my future primary care practice and to the continuation and improvement of the osteopathic profession."

Mr. Bailey agrees that the fellowship will benefit both his patients and the profession. "I would like to empower my patients with as many treatment options as possible. My participation in the OMM fellowship will



OMM fellows (from left) Heather Roehrs, James Bailey, Rebecca Margolis and Patrick O'Donnell.

allow me to offer alternative care as primary care in my practice."

An annual College provision sustains the fellowship program with assistance from the C. Paul Snyder,

DO '10, and the Frieda O. Vickers, DO '39, and Major James G. Vickers endowment funds. Additional support comes from special gifts earmarked for OMM.



March Mustache Madness

As a charitable experiment, the Student Government Association sponsored Mustache March, a fund-raiser for Camp No Worries, a nonprofit summer camp in Tabernacle, New Jersey, for children with cancer and their siblings. Male students, faculty and staff paid an entrance fee to enter the competition. The PCOM community voted with dollars for the most interesting display of facial hair. The event raised \$1,000.

DEVELOPMENT NEWS

Annual Fund Moves Toward Million Dollar Goal

More than 1,000 PCOM alumni, faculty, trustees, corporations, foundations and friends have expressed their support for the College thus far this year through gifts to the Annual Fund and its Million Dollar Campaign.* Their unrestricted contributions are put to use immediately to support new clinical faculty positions, to sustain and enhance research programs and to build new student services programs. All of these needs are funded while PCOM students experience a declining increase in tuition.

PCOM initiated its Million Dollar Campaign in 2003 to build the Annual Fund from \$263,000 to a reliable \$1,000,000 in just four years.

** As of April 30, almost \$900,000 has been raised for the Annual Fund.*

Geraldine Terry, RN '45, Donates \$100,000



Mrs. Terry

An alumna of PCOM's nursing program, Geraldine Terry, RN '45, made her generous gift to the College's Annual Fund to be earmarked for some of the institution's most critical needs.

PCOM is pleased to recognize this altruistic gift by naming the auditorium on the third floor of Rowland Hall for Mrs. Terry and her late husband Morton Terry, DO '45.

Mrs. Terry met her husband at the College, and the couple moved to Florida soon after graduation. Dr. Terry practiced internal medicine, helping to create six colleges in the healthcare field, among them Southeastern College of Osteopathic Medicine (Nova Southeastern COM). He also developed the first internal medicine residency programs for DOs. Every step of the way, Mrs. Terry was by her husband's side; together they were great leaders, humanitarians and friends.



Phonathon callers Gadi Arzanipour (DO '09), Nicole Daver (DO '09), and Merkeza Mamo (DO '09).

Answering the Call: 2007 Phonathon

Connections between osteopathic students and alumni are at the heart of the mission of the PCOM Phonathon, which supports the DO Scholarship Trust Fund. During the first week of March, 43 enthusiastic PCOM students telephoned thousands of alumni to update their records, to inform them of campus happenings and to garner financial support. As of April 30, \$160,000 was raised in gifts and pledges.

Half of the funds raised are distributed in scholarships immediately; the other half are placed in the DO Student Scholarship Trust Fund. From this fund, which currently totals more than \$1 million, 5 percent of the principal and income is also given in scholarships to DO students.



Members Join Million Dollar Club

As of April, 113 alumni, trustees, faculty, friends and staff have joined the Million Dollar Club, which recognizes those who have given a cumulative \$5,000 to the Unrestricted Annual Fund.

Among them is Harvey M. Spector, DO '63, president of the Pennsylvania Osteopathic Medical Association. A loyal supporter of his alma mater (he is class agent for the Class of 1963), Dr. Spector is committed to the College's students—the future of the osteopathic profession. "My hope is to help to secure the tenets of our profession. I sponsor students and tell them that medicine is still one of the most honorable and rewarding professions."

As physicians, we sometimes walk a very fine line. "Do no harm," is our creed, but how does one know upon which side of that line rests the harm? Mine has been the charge to care for a 95-year-old woman whom I shall call Mary. Several months ago, family members convinced a reluctant Mary to be evaluated for increasing weakness. She was found to have hemoglobin of five and was admitted through the ER for a blood transfusion. After reviewing her labs, I wrote orders for iron studies, hemocult tests, and four units of blood—the usual algorithm of such a daily admission. I then went to her room, fully expecting to outline the situation and proceed with the plan. However, Mary stopped me before I got very far in my explanation. She told me with a laugh, "I've lived 95 good years. I've had a good family and I am ready to go."

On Humanism In Medicine

Recognizing the Patient as a Fellow Human in Pain

In a meditation on the interconnectedness of humanity, seventeenth-century poet John Donne wrote, "No man is an island, entire of itself; every man is a piece of the continent, a part of the main. . . . Any man's death diminishes me, because I am involved in mankind; and therefore never send to know for whom the bell tolls; it tolls for thee."

Such an avowal of humanism contains striking insights into the complexity of the human condition. And it expresses a profound sanctity of human life, a respect for human dignity and an appreciation of human diversity.

For modern medical practitioners, humanism implies a new acceptance of the role of the physician—as healer, advocate, comforter and

protector—in an increasingly depersonalized and convoluted health care system. Such is the challenge to mix with medicine the very truths of art, of sociobiology, of religion to ensure that the physician always distinguishes his/her patient as a fellow human in pain, not a vessel of disease.

What follows is a series of seven vignettes authored by PCOM alumni. They are a mix of simplicity and depth, at once serene and serious. Each narrative relates a different experience in clinical practice; yet, each shares a recognition that the physician is united with his/her patient through common humanity. For the physician and the patient share the same hopes, the same fears—and ultimately, the same fate.

Believe Your Patient

Sixteen years ago this past April, I received a phone call from the East Coast. A patient I had treated some five years earlier for pancreatitis (while she was visiting California) discussed with me her concerns about the care that she was receiving from her gastroenterologist in Florida. She had complained to him six months earlier of severe abdominal pain and nausea with frequent vomiting. He put an endoscope into her stomach and told her she had “mild inflammation” and he then prescribed an anti-anxiety agent. A few months passed. She was not feeling any better and was getting weaker. She requested that I call him, apologizing for asking me to intervene from such a great distance and sensing that her specialist probably would be offended. I agreed to call him nonetheless.

While discussing the case, the gastroenterologist mentioned in a sarcastic and condescending tone, “Doctor, apparently you are not a great history taker! Despite the patient’s complaints of persistent nausea and vomiting, she is managing to gain half a pound every week!”

I calmly replied that uncovering a diagnosis is not a contest between us, and as chairman of the Department of Medicine at the Osteopathic Medical College, I teach my students that most patients lack the sophistication to invent bizarre symptoms. If there is something that requires more explanation, the physician must revisit the patient’s history and be open-minded enough to consider a pathology he had not yet reasoned.

I suggested that the gastroenterologist order a simple barium swallow (upper GI) series, a benign and noninvasive test that could potentially provide an answer that the endoscope may have missed. His retort was that the HMO would not cover the cost. I volunteered to pay for it.

I did not hear from him for three days, so I called again. When I reached him, the gastroenterologist’s voice and approach had changed markedly. He was hesitant and subdued. I asked what was found. Very softly he said, “ascites.” I remarked that this would explain the weight gain that he had cavalierly dismissed as to imply that the patient was lying about her food intake.

An ultrasound later revealed cancer of the ovaries that had spread to the patient’s liver. She was scheduled for surgery, but refused

unless her oldest brother could be in the operating room with her. This was arranged. Upon the surgeon’s opening of the abdomen, her brother was brought to tears.

The tumor was widespread.

She died within 18 months.

I am the brother. She was my baby sister, Rachel, 14 years my junior, whom I took to the park each day when I came home from high school from the time she was six months old.

The moral of my vignette: believe your patient, not your version of the symptoms. You cannot care *for* patients until you learn to care *about* them.

- Alan L. Menkes, DO '67
Laguna Beach, California

“Believe your patient,
not your version of the
symptoms. You cannot
care *for* patients until
you learn to care *about*
them.”

Patients as Friends

The steering wheel was cold even after we had traveled most of the 20 minutes to the funeral home. An icy rain encrusted the windshield, producing the limited visibility of a deep fog. I felt uneasy. I had never been to this particular funeral home. Of course, I had never been to most funeral homes. I was not allowed to go to funerals. After all, doctors do not go to their patients' funerals.

Ed and I met four years before his death. He looked 80, but the patient form stated he was only 51. He looked worn out from years of illness. His eyelids were tired and ready to close for good. A permanent, well-weathered crease extended from his nose to his ears from the long years he wore his oxygen tubing. He pulled himself down the hall toward the exam room, towing his muted green oxygen canister to which he was forever connected. With a grin, Ed would tell me later his other permanent connection was the one with his wife, Cheryl.

Amassing the great knowledge of medical school was a daunting task. Human anatomy and physiology professors spouted information to prepare us for our journey. But for me, the subliminal teachings were always far more relevant and interesting. These messages were prescribed to allow us to survive an emotionally draining profession. "Make sure you do not sit on a patient's bed. Do not become his/her friend. Do not go to his/her funeral. An emotional bond with patients—patient after patient after patient—will rip you apart."

Over the years, despite my learnings, Ed and I became friends. There was rarely an awkward time, although we both knew that he was dying. He tried to be optimistic and color our visits with humor, but he was depressed as he lost his independence. He was a proud man and controlled his emotions. There was no future. There was no hope.

As I stepped out of the car, the chill of the night pierced my clothes. I told my wife and kids that my visit to my friend would be brief.

Inside the foyer there was silence, but I could see the solemn commotion within the parlor itself. The line of relatives and friends were unknown to me. After a minute, Cheryl's eyes focused on my frame. She rushed toward me. A bone-crushing hug followed as all her emotion flowed into me. My presence had lightened her load now, just as it had during her husband's illness.

I held my emotions in check and slid out of the hug into line. Photographs along the path to the casket revealed a man foreign to me: a younger man, a vibrant man, a man without oxygen, a man without pain. At the casket, Ed's eyelids were finally at rest. I spent five minutes wandering around in a daze and walked out the front door to face the elements.

My task was now complete. My family was in sight across the frozen parking lot. Halfway to my car, I heard a shout, "doctor, wait." From a distance I could make out a figure. The figure, a strapping young man, sparkled from the reflection of the old spotlight. He was proud, sad and on a mission. I had not been aware of Ed's son in the funeral home. He was a stranger to me. Now that he was next to me, I could see his father's features in his face. He looked like the man in the pictures. I looked into his eyes as his hand reached across for mine. Like his mother's hug, his handshake was sincere. Ed's son wanted to meet his father's doctor and thank him for taking care of his dad. He let my hand go and turned toward the funeral home. My tears were now mixed with the rain and I hoped he did not notice. After all, doctors are not to show their emotions. Ten feet away from me he turned back, his eyes catching mine, "And thanks for being his friend."

I sank into my seat in the car so my wife would not notice my emotions. I tried to hide my feelings. She knew I was upset.

The next day I went to work to care for more of my friends.

- Kevin Westra, DO '90
Mechanicsburg, Pennsylvania

Do No Harm

As physicians, we sometimes walk a very fine line. "Do no harm" is our creed, but how does one know upon which side of that line rests the harm?

Mine has been the charge to care for a 95-year-old woman whom I shall call Mary. Several months ago, family members convinced a reluctant Mary to be evaluated for increasing weakness. She was found to have a hemoglobin of five and was admitted through the ER for a blood transfusion. After reviewing her labs, I wrote orders for iron studies, hemocult tests, and four units of blood—the usual algorithm of such a daily admission. I then went to her room, fully expecting to outline the situation and proceed with the plan. However, Mary stopped me before I got very far in my explanation. She told me with a laugh, "I've lived 95 good years, I've had a good family, and I am ready to go." Shaking her head at me, she added, "Why would you even want to waste that kind of money on an old woman like me?" I was left speechless. How does one respond? Smiling, perhaps at my obvious perplexity, she told me very clearly that she was content to go "peacefully now in my right mind." I was astonished by her ultimate candor and tranquility in the face of death. I had entered that room expecting to tell her what should be done, and she instead told me what should be done.

I assured her that this was her choice, and that she was under no obligation to receive the blood. I cancelled my orders and explained the patient's wishes to her family. They were not pleased with her decision, and told me that they considered the option to be suicide. Their mother was a Christian, they related, and did not want to go to hell. They told me that they would talk with her.

At once, I had a sickening feeling that this was soon to turn ugly. I tried to reason with the family, citing her age, her long-term prognosis, and mainly, reiterating the words that she had told me. Mary was of sound mind, and she could make whatever choice she wished to make in this matter. I explained that choosing not to do something did not constitute suicide. The family could not be convinced.

The following morning I went to Mary's room and found a quiet, sad woman. "I am going to take that blood now," she told me. I was afraid to ask, but I did: "What made you change your mind?" She smiled a tight smile, and I remember the tears that filled her eyes as she told me. "They just aren't ready to let me go, so I am doing it for them." I know what they said to her, and what a difficult night she must have had coming to peace with the choice. She received the blood and then she was convinced by her family to proceed with an upper endoscopy and then a colonoscopy. Each time her initial refusal was met by her family's arguments. She was discharged with normal scopes and a hemoglobin of 11.

I saw Mary again just a few days ago. She was admitted to my care at a nursing home after suffering a fall in which she broke a hip and at some point also had a stroke. She does not know me. She does not smile. She does not laugh any more. She is not of sound mind any longer. She will of course eventually die, but it will not be the death she had hoped for. I am left feeling a great sorrow for this woman, and there is an edge of bitterness to it in that I helped prolong her to this point—a point for which I know she would never have wished.

It is a wise motto, "do no harm," but it is a very delicate balance indeed.

- *Kelly Hindman Barki, DO '00*
Wheeling, West Virginia

Let Go, and Let God

What do you say to the 17-year-old boy who is burying his 49-year-old mother after she was ravaged by lung cancer? She had lost so much weight in her final days with metastases to the brain and the spinal column that she was not even recognizable at the viewing. The answer, "I am so very sorry for your loss," seems so woefully inadequate and absolutely impossible to utter in a heartfelt way in such a circumstance. In this day and age when political correctness keeps us all in check, we don't know how to touch the hearts and minds of our patients who desperately look to us for answers in their time of need.

A little over ten years ago I found a way to reach out to my patients. In a word, it is prayer. I began praying with my patients, with heads bowed, hands interlocked and hearts united by a common belief in God. Praying is a way to lift up those who are lost, those who are pierced by grief and even those who are on the verge of dying.

I vividly remember the first time I prayed with a patient on the cancer ward at Atlantic City Medical Center. She was the mother of one

of my office nurses. Her mother was dying at age 82 from malignant melanoma with metastases to the brain. Both the mother and the daughter were believers, and as I rounded that day and the mother was nearly comatose, I was prompted to pray for her at her bedside because I knew that I might not see her again physically. Despite the fact that nurses were tending to her roommate in the next bed, I grasped her hand and prayed aloud for calm, peace, comfort, a lack of pain and a joyful greeting on the other side. She died later that night, but I was able to report to her daughter that I had prayed with her mother before she went home to the Lord.

Prayer then, I believe, is the only way to communicate your shared sense of both love and loss with the members of the family who are so desperate for a miracle. It is through prayer that patients will sometimes realize that all they have to do is "let go, and let God." Healing in the truest sense of the word can happen for the patient, for the physician, and for those who are grieving and dying.

- *Michael F. Lurakis, DO '80*
Hammonton, New Jersey

Thankful for Both Birthdays

I hate birthdays. That's why I always try to work on mine. A few years ago on May 24, I was working at a community hospital in Philadelphia. It was about 11:00 a.m. The Emergency Department was so quiet; all I could do was feel sorry for myself that the next day I would be another year older.

Suddenly, the phone rang. It was Labor and Delivery; they needed me STAT. I wasn't even sure where L&D was, so I had one of the ED nurses accompany me to the suite. The elevator ride seemed long as I wondered what was going on. As I entered the L&D area, the air was tense. The nurse gave me a gown, mask and gloves. I still didn't know what was going on. Entering the suite was very strange. It was not my usual environment. I felt helpless.

A pregnant patient was in stirrups. Her obstetrician was gloved with a hand in her vagina. He explained that her unborn baby had gone into fetal distress. The umbilical cord had prolapsed and the baby was going to die unless he could do an emergency C-section. He was unable to locate the neonatologist.

With approval from an anesthesiologist, the obstetrician took a scalpel and made a 10-inch cut in the abdominal wall. He then removed his left hand from the vagina. I knew at that point that the baby was no longer getting any oxygen and would die in several minutes. As I watched, I could feel my heart pounding in my throat.

In the next minute, the uterus was opened; the baby was removed and handed to me. He was limp, not breathing, a

mottled bluish-gray color. I gently put him down on the heated newborn exam table. The nurse opened the top drawer, which was filled with all the tools that I needed to save the baby. As I got the laryngoscope, the nurse put on the monitor leads. I quickly put the blade into the baby's mouth, and looked in. "Heart rate 44," stated the nurse. I picked up the ET tube and looked into it, hoping I would see the epiglottis and guide the tube into the lungs. As I looked, everything seemed to move in slow motion. I saw the opening into the lungs and as I focused, it seemed to get larger and larger until it was the only thing I saw. With the tube in, the nurse started bagging. The monitor beeps started to get faster. The baby wasn't responding.

The nurse handed me an umbilical catheter. The thought crossed my mind that I had never put in an umbilical catheter before. My heart was pounding. But soon the catheter was in place. Sample glucose was 12—critically low. I pushed 12.5 percent dextrose through the catheter. In minutes the baby was moving his arms and legs. Finally, through the doors came the neonatologist. I gave a brief report and turned over the case.

As I walk back to the ED, I felt like I was floating. I can't imagine a better feeling.

May 25 was my birthday. I came in before my shift so I could visit a special patient on the maternity floor. The nurses told me which room the baby's mom was in. I entered her room and she opened her eyes. She was drowsy from pain medication. I introduced myself and explained that I wanted to see how she was feeling. She smiled and reached out her hand. She was doing well and so was her son, Michael Edward. I smiled. I told her it was my birthday—and that seeing her and Michael was the best birthday present I could ever imagine.

- Mark S. Rosenberg, DO '78
Denville, New Jersey

The Family Part of Family Practice

My partner and I acted as preceptors for a rural medicine rotation at PCOM. The students were by our sides 90 percent of the time including mealtime.

A student and I had just arrived at my home for supper. The salad was on the table. My wife was taking the roast and potatoes out of the oven when the telephone rang. An elderly woman with cancer had just died. The family lived about 30 minutes from my home. I told them that I would be right there. The student was aghast. "You knew the patient, you knew that she had cancer. Why don't you release the body to the undertaker and sign the death certificate tomorrow? Dinner is on the table."

I asked my wife to keep dinner warm; I told the student to grab his coat and off we went.

We were greeted by a thankful family. Dad, in his 80s, was by his wife's bedside. The family crowded around. We performed a gentle and respectful exam to determine death. We called the funeral director for the family and asked that he bring a death certificate. We then brought Dad into the kitchen and talked to him about his life, his family and his experiences in minor league baseball (he once caught for the illustrious Satchel Paige). We did not want this gentleman to suffer the indignity of watching the body of his wife of over 50 years be zipped into a black transport bag.

After a cup or two of tea and some nice conversation, the body was removed and we bid our farewell to the family. The student, who initially would have chosen dinner over this encounter, was able to experience the family part of family practice.

I have since moved and retired. However, my partner sees the family to this day, and when any member of the family visits my part of the country, he/she calls and stops in for a visit—much like family.

- Alfred R. D'Angelo, DO '79
Ormond Beach, Florida

A Surgeon's Notes

How much do we learn from our patients and nurses? Their strength and wisdom has helped me in my career, and sometimes it was they who brought me back to reality.

I offer four short lessons:

I was a young and busy surgeon. I only wanted to be in the OR, so office hours were a chore. One day, I was 45 minutes late for office hours. My first patient was a young business woman. She grumbled at my tardiness and then sent me a memorable letter. In it she reminded me that her time was just as important to her as mine was to me. My career was not any more important than hers, and I should respect that. The letter rang a loud bell. I resolved to avoid unnecessary delay, to respect my patients and to remember that I am not any more important than they are. In a reply to her, I thanked her for the reality check.

The second lesson concerns a lovely elderly patient who was about as sweet as anyone could be. I really liked her. Unfortunately, upon examination, I diagnosed an

“He was so focused on care for his wife that nothing else mattered—a true testament of love and strength.”

inoperable, incurable cancer. I was heartbroken and had to tell her the diagnosis. When I did, she said, “You know, doctor, you didn’t give this to me. I appreciate what you have done.” Needless to say, I felt even worse. We physicians (and especially surgeons) hate to accept defeat. It becomes very personal to us. She taught me that sometimes we cannot cure. Still, the patients appreciate that we tried.

The third lesson is about the strength of one husband. He came to me because of difficulty swal-

lowing. He told me that he was the caregiver for his very sick wife. He explained that he really needed to know what was wrong so that he could arrange care for her, if necessary. He had incurable esophageal cancer. He wanted my best guess as to how long he had to live. Sometimes we beat around the bush with our prognoses, but I went ahead and told him—“six months.” He thanked me and said, “Now I know what I have to do.” He was so focused on care for his wife that nothing else mattered—a true testament of love and strength.

The last lesson is about a nurse. I was in the OR working. Things weren’t going well. I was cursing. After a case, an older nurse found me and told me how disappointed she was in me and my language. I was embarrassed as she reminded me that mine is a noble calling and that I should act as a professional. To this day, I strive to live up to her expectations.

*- Michael Abraham, DO '66
Bala Cynwyd, Pennsylvania*

To read more alumni vignettes on humanism in medicine, please visit www.pcom.edu and click on “Alumni Relations & Development.”

Leaders on the New Frontier of High-Technology Surgery

Heart surgery without a foot-long incision and broken chest bone? Prostatectomy where the patient goes home from the hospital within 24 to 48 hours? Robotic minimally invasive surgical procedures are making these scenarios a reality, and two PCOM alumni are among national leaders on this new frontier of high-tech medicine.

Francis P. Sutter, DO '76, FACS, FACOS, looks forward to visiting a patient who underwent coronary artery bypass surgery earlier in the day. Dr. Sutter performed the procedure, which involved two bypasses, by making a one-inch incision and using the daVinci Surgical System. His reward comes, he says, when he sees his patient doing well just hours after surgery, with much less pain and fewer potential complications than one would have experienced with open chest surgery.

Currently, Dr. Sutter is the only heart surgeon in the Philadelphia area who performs robotic coronary artery bypass surgery. Nationwide, he is one of only about eight heart surgeons using the daVinci for this procedure, and he is the busiest on the East Coast. He is among the top 10 busiest heart surgeons in Pennsylvania, performing 220 to 300 surgical procedures annually at Lankenau Hospital in Wynnewood, Pennsylvania, where he is chief of cardiovascular and thoracic surgery and president of the medical staff. He is also clinical professor of surgery at Jefferson Medical College.

This is not the first time that Dr. Sutter has been on the cutting edge of



Teams of physicians and nurses work to ensure that each patient's surgical approach is individualized.

medicine. He is a national leader in beating heart surgery, which he has been performing for 10 years. His OR has served as a training ground for about 200 physicians who have come from all over the country to observe the procedure. "In my practice, 99 percent of coronary bypass surgery is done on the beating heart," notes Dr. Sutter. In contrast, nationwide statistics show that 80 percent of heart sur-

geons operate on a stopped heart 99 percent of the time.

Dr. Sutter's expertise in beating heart surgery facilitated his transition to robotic minimally invasive heart surgery, which must be done on a beating heart. Since 2005, when Lankenau acquired the daVinci, he has been using the revolutionary robotic system to perform 60 to 70 percent of his coronary artery bypass surgeries. Although these procedures are technically and physically more demanding on the surgeon than open chest surgery, Dr. Sutter willingly accepted the challenge for one primary reason: the well-being of his patients.

"Using what is best for my patient is my gold standard," he says. "With beating heart surgery, patients experience fewer complications than they do when a heart-lung machine is used and overall, they do much better.

"The benefits of robotic coronary artery bypass surgery are gargantuan," he continues. "Instead of a monster incision down the middle of the chest, you make a small one- to two-inch incision that is cosmetically appealing. The patient has less pain, less bleeding and less risk of infection because you aren't cutting into the chest bone. The risk of stroke is virtually eliminated

“People have commented about the way that I care about my patients as people. It’s a philosophy that I learned and it is deeply ingrained.”

because you don’t have to manipulate the aorta or the heart.”

Patients have fewer complications such as blood clots or respiratory problems because they are up and moving around two to three hours after surgery. “I’ve had patients tell me that they’re back on the treadmill four days after surgery!” Dr. Sutter relates. “Some patients tell me they’re back to work in a week.” On average, patients are back to normal activities two weeks after surgery. With open heart procedure, getting back to normal takes six to eight weeks, he says.

“Even the very, very sick patients do dramatically better,” he emphasizes. “The patients who aren’t so sick are hardly fazed by having heart surgery. Seeing their tiny incisions and knowing that their recovery will be much easier is so gratifying to me. To be able to give the patient such a superior experience is my reward.”

The demand for robotic coronary artery bypass surgery has increased dramatically along with patient satisfaction. “In the past, physicians wondered in some cases what would hurt the patient more, the trauma of open heart surgery or living with the heart condition,” notes Dr. Sutter. “As a result, they were sometimes hesitant to refer patients for surgery. The results we’re seeing with the daVinci have changed that.” In the past year, Dr. Sutter has performed 10 times more minimally invasive procedures than ever before, and the demand continues to rise.

Dr. Sutter credits his osteopathic training for his patient-focused approach to care. “Many times over the years, people have commented about the way that I care about my patients as people,” he relates. “I see this in my DO



At present, Dr. Sutter is the only heart surgeon in the Philadelphia area who performs robotic coronary artery bypass surgery.

colleagues, too. It's a philosophy that we learned and it is deeply ingrained."

Being an osteopathic physician presented some difficult challenges early in his career that he met very successfully. "In 1977, it was really tough trying to get into the surgery program at Jefferson as a DO," says Dr. Sutter, who completed surgical and cardiothoracic surgical residencies at Thomas Jefferson University Hospital. "It was also difficult to get board certified in surgery in the MD world. I became the first osteopathic physician to become board certified in heart surgery by the American Board of Thoracic Surgery as well as the American Osteopathic Board of Cardiothoracic and Vascular Surgery. Because the road to acceptance was so tough, I'm especially proud of my appointment as clinical professor of surgery at Jefferson."

Always striving to ensure the best care for patients, Dr. Sutter co-founded the Delaware Valley STS Quality Improvement Initiative 10 years ago. This physician-led group of heart surgeons, representing 28 hospitals in the eastern half of Pennsylvania, southern New Jersey and Delaware, meets quarterly and has a commitment to continually improve the quality of cardiac surgery care by benchmarking and studying best practices in their field.

Dr. Sutter views the future with great anticipation. "Within the next 10 years, I expect that we'll be using robotics for nearly all coronary bypass surgery," he predicts. "I believe that valve surgery will also be done percutaneously. This represents dramatic, incredible change that will clearly benefit our patients."

It is estimated that 25 percent of prostatectomies will be done this year with minimally invasive robotic surgery, and Jamison Jaffe, DO '00, is one of the leading-edge urologic surgeons who is doing them. As the newly appointed director of minimally invasive urologic surgery at Hahnemann University Hospital in Philadelphia, he is extraordinarily well qualified.



Damon Hoffmann (DO '08), Dr. Jaffe and PCOM Urology Chief Resident Christopher Schaefer, DO.

Following his residency in urologic surgery at PCOM, Dr. Jaffe completed a fellowship at the prestigious L'Institut Mutualiste Montsouris in Paris in January 2007. There he trained with one of the surgeons who developed the radical laparoscopic prostatectomy procedure, Guy Vallancien, head of the department of urology and nephrology at Montsouris.

Skilled at performing the laparoscopic prostatectomy both with and without robotic equipment, Dr. Jaffe says the benefits of using robotics are vast. "Conventional laparoscopic surgery can be very fatiguing on the surgeon's eyes because you're operating in 3D but you're only seeing in 2D. The

robot provides a 3D visual field and a binocular camera with 10x to 12x magnification, which reduces eye fatigue and enhances accuracy," he relates. "It is thought that this magnification will improve the surgeon's ability to successfully perform nerve-sparing surgery that preserves the patient's erectile function.

"The daVinci also has articulating instruments that can move in every position that your hand can move, which provides great flexibility," he adds, also noting the value of the robot's tremor filtration system.

Patients generally fare much better with the robotic procedure, according to Dr. Jaffe. Blood loss during surgery is only 20 percent of the average for an open procedure. As a result, the patient almost never

needs a blood transfusion. Patients experience much less pain and are able to leave the hospital within 24 to 48 hours versus three to four days with the open procedure.

"Our patients like the fact that the Foley catheter can be removed within seven to 10 days versus two to three weeks with open surgery, and they tend to experience a quicker return of sexual function and continence," says Dr. Jaffe. "Overall, they enjoy a much faster recovery and a quicker return to normal activities."

In addition to prostatectomy, Dr. Jaffe is among very few surgeons who use the daVinci to perform cystectomies and pyeloplasty, a procedure to correct ureteropelvic junction

obstructions. “The robot really shines in reconstruction and that’s what we do with all three of these procedures,” he says. “The robot is especially advantageous with the prostatectomy because of the difficult-to-reach position of the prostate under the pubic bone.”

Dr. Jaffe performs other leading-edge minimally invasive procedures without the daVinci, including laparoscopic radical and partial nephrectomy and cryoablation of the kidneys.

Internationally recognized for his expertise, this year Dr. Jaffe presented two papers on laparoscopic radical prostatectomy at the American Urological Association’s annual meeting and one at the European Association of Urology Annual Congress. Two of his papers will be published this summer in the *Journal of Urology*. In one, he compares robotic vs. laparoscopic radical prostatectomy. In the second, he discusses “Surgical Outcomes in Men Undergoing Laparoscopic Radical Prostatectomy After a Transurethral Resection of the Prostate.”

PCOM students reap the benefits of Dr. Jaffe’s knowledge and skill during clerkships at Hahnemann and at Albert Einstein Medical Center, where he is in practice with Phillip C. Ginsberg, DO ’80, MSc, chair, division of urology at Einstein, and program director of PCOM’s urologic surgery residency and clinical professor, surgery at PCOM.

“Students who are interested in urology at PCOM—which is by far the best osteopathic urology program in the world—always rotate through our service,” Dr. Jaffe says. “We enjoy showing them the latest that the field of urology has to offer.”



Dr. Jaffe, a part of Urologic Consultants of Southeastern PA (Laurence Belkoff, DO, chair of PCOM’s special surgery faculty; Phillip C. Ginsberg, DO ’80; Samuel J. Manfrey, DO ’75; and Harvey J. Yorker, DO ’66), heads Hahnemann’s multidisciplinary prostate cancer team.

Breaking the Silence

Surrounding Selective Mutism



Dr. Shipon-Blum with Mr. B, the SMart Center's therapy dog. Mr. B loves the kids and has helped countless children with SM to feel less anxious during their visits to the center.

At first glance, the two young girls in the doctor's waiting room seem like any other girls waiting for an appointment. They're busy playing with a train set—building bridges and creating a land of make believe. When a stranger tries to engage the sisters and ask what they're doing, one little girl happily explains the city they've created while the other refuses to make eye contact and will not utter a word.

If the observer didn't know better, she would think one sister is outgoing while the other is just shy. But these girls are waiting to see Elisa Shipon-Blum, DO '90, president and director of the Selective Mutism Anxiety Research and Treatment Center (SMart Center) in Jenkintown, Pennsylvania. Dr. Shipon-Blum is a pioneer in the treatment of selective mutism (SM), a complex anxiety disorder in children that renders them unable to speak in social situations.

The fact that Dr. Shipon-Blum is one of the preeminent specialists in SM seems preordained. She had wanted to be a child psychologist while an undergraduate student at Franklin and Marshall College. After graduation, Dr. Shipon-Blum decided to follow in her father's footsteps and become an osteopathic physician. She joined his family medicine practice and specialized in working with parents and children with anxiety disorders. Eight years into her practice, her professional life collided with her personal life.

Dr. Shipon-Blum's three-year-old daughter, Sophia, was a happy, lively, talkative toddler around the house. However, when placed in a social situation like a classroom, Dr. Shipon-Blum explains, "Sophia stood expressionless, staring into space. She did not initiate play with other children nor did she answer the teacher's questions. She played alone in silence."

As months of this behavior became a year, Dr. Shipon-Blum refused to accept that Sophia was simply shy. Referring to a textbook on childhood psychiatry, Dr. Shipon-Blum found a section that seemed to describe her daughter: "Selective mutism—when a child refuses to speak in social situations despite the ability to speak quite normally when at home." The problem with this definition was that Sophia didn't seem *unwilling* to speak, she was *unable* to speak.

Dr. Shipon-Blum visited an array of professionals. Diagnoses ranged from autism to severely disabled. None rang true. So Dr. Shipon-Blum gave up her busy medical practice to learn all she could about the misunderstood disorder.

Fifteen years ago, these children were known as elective mutes. Psychiatry textbooks from as late as the mid 1990s stated that these were stubborn, oppositional kids, and their refusal to speak was a manifestation of this obstinacy. The diagnosis was changed to SM in the fourth edition of the American Psychiatric Association's diagnostic manual. The criteria for the disorder include failing to speak in social settings despite speaking in other situations, having the condition for more than a month, having difficulty in school or social communication and not having a developmental or psychiatric disorder.

"I read day and night. I spent days in the library researching and searching for answers," recalls Dr. Shipon-Blum. "I went to every conference on anxiety I could find to learn about the affects of anxiety on the body. Since I could not find a professional who could help my child, I took it upon myself to devise a treatment program consisting of various behavioral tactics to help Sophia at school and at home."

Dr. Shipon-Blum found a Web site created by Robert Helta, a single father raising a teenager with SM. She contacted him, and they began to collaborate on the Selective Mutism Group Childhood Anxiety Network, which averages 400,000 hits per month. Dr. Shipon-Blum later went on to found the SMart Center, which treats hundreds of children a year, many of whom come from across the country.



"We have to build them up inside before we even talk about talking."

There are different plans of treatment for SM, but experts agree the key is to treat the anxiety rather than to force the child to speak. Dr. Shipon-Blum's work has shown that although mutism is the most noted symptom, it merely touches on the surface of the affected children. Children suffering from SM may have difficulty communicating nonverbally, and many cannot communicate at all when feeling anxious or uncomfortable. The particular setting and the individuals present in a setting will dictate a child's social and communication levels.

Dr. Shipon-Blum's treatment, which she termed SCAT or Social Communication Anxiety Treatment, first requires a complete evaluation. The treatment plan that follows addresses three key questions: 1) Why did the child develop SM? 2) Why is selective mutism continuing? and 3) What can be done at home, in the real world and within the school to help the child build coping skills and overcome his/her social communication challenges? SCAT focuses on the whole child and incorporates a team approach that involves the child, the parent(s), school personnel and the treating professional.

Dr. Shipon-Blum emphasizes that although anxiety lowering is key, it is often not enough, especially as children age. Over time, many children with SM no longer feel "anxious," but mutism and the lack of proper social engagement continues to exist in select settings. SCAT incorporates anxiety-lowering techniques, methods to build self-esteem and strategies/interventions to help with social comfort and communication progression.

A great deal of the treatment happens outside of Dr. Shipon-Blum's office. The first step for most children is learning to engage with others. For example, a child with SM is encouraged to hand money to merchants while he/she is shopping with a parent or to order a meal by pointing to items on a menu while in a restaurant. Next, progression through sounds (e.g. using a whisper buddy) aids the child in transition from nonverbal to verbal communication. "We have to build them up inside before we even talk about talking," says Dr. Shipon-Blum.

"If patients with this disorder are properly diagnosed and treated, the patients and their parents can expect an excellent prognosis," continues Dr. Shipon-Blum. "We often see subtle behavioral changes within only one week of therapy."



Dr. Shipon-Blum's daughter, Sophia, is now 13 years old and a leader in her class. She has a quiet demeanor, but is confident and assertive. She has a large circle of friends and spends her weekends at friends' houses and going to parties. "Sophia is a success story, but not everyone is as fortunate as we are," says Dr. Shipon-Blum. "So much has to be done to alert the public, to educate about this potentially devastating anxiety in which children are truly suffering in silence."





With a predilection for lace blouses, a relentless work ethic, and pointed humor, Ida C. Schmidt, DO '35, taught and practiced osteopathic medicine for more than 70 years. She could name every muscle and bone in the body and could adjust all 26 bones in the foot with six manipulations. Into her nineties, when she had trouble walking, she still ran her practice several days a week and taught Osteopathic Principles and Practice to PCOM students on her "day off." She made few concessions to age, disease, injury and personal loss; even the title of professor emerita, awarded by the College in 1999—after more than 30 years of teaching—did not convince her to pursue retirement. "My patients and students keep me going," was her enduring mantra.

Remembering

Ida C. Schmidt, DO '35

Dr. Schmidt came to osteopathy through the fortunes of fate. At the age of five, she was struck by an automobile, the accident resulting in three cracked vertebrae and sciatica. She was referred to Philadelphia College of Osteopathy for treatment, and it was there where she was tended by family physician William Nichols, DO, a protégé of Dr. Andrew Taylor Still, founder of osteopathic medicine. Dr. Nichols' care resulted not only in her corrected condition, but in the origins of Dr. Schmidt's steadfast love for and dedication to the profession. "There was nothing I wanted to do right from the very beginning but be an osteopathic doctor," she often said. "I was lucky to have found out what I wanted so young."

Upon graduation from Cheltenham High School in 1931, Dr. Schmidt passed the entrance exams in chemistry, biology and other sciences, and enrolled directly in Philadelphia College of Osteopathy. She graduated first in her class; her internship and

residency requirements were completed at Baker Osteopathic Hospital, Lancaster, Pennsylvania.

In 1937, she opened a private practice on Ogontz Avenue. In 1963, she moved the practice near her home in Glenside.

*"My patients
and students
keep me going"
was her
enduring mantra.*

Dr. Schmidt met both her first and second husbands when they came into her practice as patients. Her first husband, Vincent Stanley Perry, with whom she had three children, died young from a heart attack. In 1960, David Williams walked into her office with rib pain and he continued to schedule treatments long after he was healed. When Dr. Schmidt protested, he asked her to lunch instead. They married a year later, and after that, one was never without the other.

A certified fellow of the American College of General Practice in Osteopathic Medicine and Surgery as well as the American Academy of Osteopathy, Dr. Schmidt was a lifetime member of the American Osteopathic Association and the Pennsylvania Osteopathic Medical Association. She was honored with the

2003 Family Physician of the Year Award from the American College of Osteopathic Family Physicians, the Teacher of the Year Award from the Pennsylvania Osteopathic Family Physicians Society, and the Frederick J. Solomon, DO, Award of Merit from the Pennsylvania Osteopathic Family Physicians Society.



Dr. Schmidt's was a simple explanation of osteopathic medicine, "If you can align the body, nature herself will heal the body."

Dr. Schmidt encouraged her students to be strong and assured when treating patients: "Your sensitive fingers will find the abnormalities, even in the black velvet of night."



When the now late ACOFP president Michael F. Avallone, Sr., DO '59, traveled to PCOM to surprise Dr. Schmidt with the Family Physician of the Year Award, many were reminded of her sense of humility. As Dr. Avallone noted the many attributes of the award recipient, Dr. Schmidt kept looking around the room for the honoree; at no time did she realize that the honoree was indeed her.



CLASSNOTES

Class of 1945

Arnold Melnick, DO, Aventura, FL, was the recipient of the 2006 Frances Larson Memorial Award for his article "Dog Bites Man Is News—How Pediatricians Can Spread the Word to Parents and Patients," published in *Contemporary Pediatrics*. He also had his fifth book, *Parenthood: Laugh and Understand Your Child*, published by Publish America (September 2006).

Class of 1952

Class Agent: Sidney Malet, DO
209-474-3071, malet@clearwire.net
Philip E. Greenman, DO, Tucson, AZ, had his article titled "Non-operative Management of Spinal Stenosis" published in the *American Academy of Osteopathy Journal*.

Class of 1954

Class Agents: William C. Bryers, DO
215-491-4015
William G. McDowell, DO
724-347-4163
June Hackman Galebach, RN, Hobe Sound, FL, works part-time at a nursing home. She reports that she still wears her PCO nursing cap, "not bad for a 74 year old in Florida." Mrs. Galebach is hoping to reconnect with other nursing alumnae at PCOM's Alumni Weekend.

Class of 1965

Class Agent: James F. Conroy, DO
610-292-0830, jfc3rphdo@aol.com
Joseph M. Hassman, DO, Cherry Hill, NJ, has practiced in Berlin, New Jersey, since 1966. His original solo practice, Berlin Medical Associates, has become a six-physician group—and has now moved to a new state-of-the-art facility that will help expand the range of services the practice offers the community. Dr. Hassman's two sons, **Michael A. Hassman, DO '94**, and **David R. Hassman, DO '91**, are a part of his practice.

Paul Steingard, DO '54



TOPS in His Field

In 1965, Paul Steingard, DO '54, was asked if he would be willing to conduct pre-season sports screenings for a local high school. As a relatively new physician in the community, he thought this would be a way to establish himself. So, on a warm August evening, he examined 150 would-be football players.

Fast forward to today. Dr. Steingard, in collaboration with the Arizona Osteopathic Medical Association and the Arizona College of Osteopathic Medicine at Midwestern University, now provides more than 2,000 exams a year. Not only has the size of the program grown, but the scope has expanded as well. Dr. Steingard admits that the exams he provided in the 1960s were "curious at best," but this soon changed. In his position as team physician for the Phoenix Suns, Dr. Steingard provided the professional players with blood work, chest X-rays and electrocardiograms; those with unusual EKGs were given echocardiograms.

However, public awareness of the importance of identifying athletes at risk for sudden death only began to increase when NBA star Terry Cummings developed a serious symptomatic arrhythmia, and a young college athlete, Hank Gaithers, died suddenly on the basketball court from idiopathic hypertrophic subaortic stenosis.

Dr. Steingard knew it was time to take the high school physical to the next level. He assembled a team of doctors, EKG technicians, medical students, public relations consultants and clerical assistants. He named the endeavor TOPS: Team of Physicians for Students.

With additional help from Bob Ham from the Phillips Corporation and the John C. Lincoln Foundation, TOPS was able to purchase 35 EKG machines. "Today, thanks to our benefactors, we are able to do EKGs effectively. We have borrowed echocardiogram machines on site, and students with abnormal EKGs are promptly checked."

Despite the huge growth of the program, Dr. Steingard has plans for future expansion. TOPS now examines junior college athletes, and the team is hoping to expand to include four-year college athletes. "We would like to own our own ECHO machines and are working to raise funds toward that end. But, most exciting of all, we are working to spread our knowledge to other cities; we have established Web sites and publications to help others duplicate TOPS around the nation.

"We have been criticized because we are dealing with a relatively rare problem and what we do is not touching enough needy people," explains Dr. Steingard. "Yet, there are 2,000 students, 300 volunteers, 50 doctors and 150 medical students. That's a lot of touching. After all, if one kid dies, it's one too many."



CLASSNOTES

Class of 1966

Class Agent: H. Michael Zal, DO
610-664-7223, dochmz@msn.com

Joseph M. DiMino, DO, Plymouth Township, PA, was the recipient of the 2006 Outstanding Citizen of the Year Award presented by the Schuylkill Alliance Chamber of Commerce.

H. Michael Zal, DO, Narberth, PA, has been appointed to the Board of Advisors for the Center for Free Inquiry at Hanover College, Hanover, Indiana. Dr. Zal is a clinical professor in the Department of Psychiatry at PCOM.

Class of 1967

Class Agents: John F. Callahan, DO
570-654-4651

Allan N. Fields, DO

954-579-5924, anfields38@aol.com

Michael Cordas, Jr., DO, Harrisburg, PA, is the director of sports medicine at Arlington Orthopedics as well as the director of the primary care sports medicine fellowship program at Pinnacle Health System in Harrisburg, Pennsylvania.

Sherman N. Leis, DO, Bala-Cynwyd, PA, was recognized by the *Main Line Times* as "Volunteer of the Week."

William Vilensky, DO, Longboat Key, FL, participated in an article, "Margarine or Morphine: What's On Your Poppy Seed Bagel," published in *DO Magazine*.

Class of 1968

Class Agent: Alfred J. Poggi, DO
814-443-3637, epoggi@aol.com

Alfred J. Poggi, DO, Somerset, PA, was re-elected as a trustee-at-large of the Pennsylvania Osteopathic Medical Association.

Class of 1974

Class Agent: Dennis B. Zaslow, DO
305-445-5056, drbones2@aol.com

Steven Katz, DO, Lock Haven, PA, was re-elected as a trustee-at-large of the Pennsylvania Osteopathic Medical Association.

Class of 1976

Class Agent: R. Michael Gallagher, DO
856-354-1403

Charles R. Darlington, Jr., DO, Thorndale, PA, joined the medical staff at Pottstown Memorial Medical Center.

Robert D. Multari, DO, Farrell, PA, was inducted into the Farrell Alumni Hall of Fame by Farrell High School on October 21, 2006. Dr. Multari is the high school's team doctor.

William M. Silverman, DO, Maitland, FL, is completing his fifth year on the American Osteopathic Association Board; he currently serves as chair of affiliate affairs.

Class of 1978

Class Agent: Lorraine M. Disipio, DO
610-623-7230, ldisipio@comcast.net

Donald A. Kachline, DO, La Plume, PA, joined the medical staff at Clarks Summit State Hospital.

Class of 1979

Class Agent: Earl H. Brinser, DO
717-272-7321, ebhershey@hotmail.com

Bruce B. Frantz, DO, York, PA, won the Howard Pollack X-Ray Competition at the Mid-Atlantic Section of the American Urological Association Conference. The competition is a long-standing tradition that incites friendly rivalry to identify various cases across urologic topics.

Joseph V. Pongonis, DO, Langhorne, PA, was elected as a trustee-at-large of the Pennsylvania Osteopathic Medical Association.

Class of 1980

Class Agent: Steven J. Fagan, DO
843-743-7753, navya4@bellsouth.net

Richard B. Esack, DO, Hendersonville, NC, retired from active practice of anesthesiology and pain management in March 2007. He writes, "During the past 27 years as a physician and PCOM alumnus, I have been able to fulfill a lifelong dream. I am so very grateful to PCOM for giving me the opportunity to live that dream."

Victor J. Scali, DO, Springfield, PA, was the recipient of the Meritorious Service Award presented by the American College of Osteopathic Emergency Physicians.

Class of 1981

Class Agent: Gerald E. Dworkin, DO
610-520-0690, ged@painfix.com

Marc I. Epstein, DO, Tucson, AZ, serves as vice-president of the American Osteopathic College of Dermatology.

Bryan W. Kluck, DO, Allentown, PA, joined the medical staff at Grand View Hospital - West Rockhill.

Class of 1982

Class Agent: Anthony J. Silvagni, DO
954-262-1407, ajsilvagni@aol.com

John R. Bucholtz, DO, Columbus, GA, serves as director of medical education and program director of the family residency program at the Medical Center in Columbus. Dr. Bucholtz was elected to the board of directors of the American Board of Family Medicine.

Dominic F. Glorioso, DO, Red Lion, PA, is the medical director of the Visiting Nurses Association Hospice and the lead educator in hospice and palliative care at York Hospital. Dr. Glorioso is board certified in hospice and palliative care.

Class of 1983

Class Agent: Mary Ann DiBiagio, DO
724-758-7559, mdibiagio@hvhs.org

Richard J. Snow, DO, Columbus, OH, has been selected to serve as an expert on the Quality Indicators Risk Adjustment Workgroup by the Agency for Healthcare Research and Quality (AHRQ). The workgroup will evaluate risk-adjustment and hierarchical modeling methodologies and suggest strategies as to what risk adjustment approach would best fit AHRQ user needs.



CLASSNOTES

Class of 1984

Class Agent: Paul V. Suhey, DO
814-231-2101, pvs@uoc.com

Douglas L. Haas, DO, Dolgeville, NY, was elected secretary-treasurer of the Little Falls medical staff.

Seth R. Rosenwald, DO, Newtown, PA, is a clinical instructor in psychiatry at Thomas Jefferson University.

Class of 1985

Class Agent: Michael P. Meyer, DO
717-721-5700, mmeyer8700@aol.com

Dana C. Shaffer, DO, Exira, IA, was promoted to senior associate dean of clinical affairs at Des Moines University - College of Osteopathic Medicine.

Steven L. Zelenkofske, DO, Center Valley, PA, has been appointed patient safety officer and vice president of clinical sciences for Boston Scientific's Cardiac Rhythm Management Group. Dr. Zelenkofske is a practicing electrophysiologist and serves as an associate professor of medicine at PCOM as well as at the College of Medicine of the Pennsylvania State University/Hershey Medical Center.

Class of 1986

Class Agent: John C. Seftor, DO
410-337-7900

Joseph J. Kuchinski, DO, Mountain Lakes, NJ, was named director of emergency medicine at Saint Clare's Hospital - Sussex.

Class of 1987

Class Agents: Elliott J. Bilofsky, DO
814-623-6400, ebilofsky@aol.com
Katherine C. Erlichman, DO
814-623-1969, eyeoffice@earthlink.net

Lawrence I. Barr, DO, Voorhees, NJ, was recertified by the American Osteopathic Board of Surgery.

Valerie Augello Carregal, DO, Washington, DC, has opened a private practice in Washington after 18 years' service as a medical officer in the United States Army Medical Corp.

Jean Golden-Tevall, DO, Pittstown, NJ, has returned to private practice after a "child-raising hiatus." Dr. Golden-Tevall has seven teenagers (three by birth and four by adoption).

Joan Grzybowski, DO, Conshohocken, PA, was re-elected as a trustee-at-large of the Pennsylvania Osteopathic Medical Association.

Douglas L. McGee, DO, Birchrunville, PA, serves as chief academic officer at Albert Einstein Healthcare System and assistant dean at Jefferson Medical College of Thomas Jefferson University.

Robert J. Sass, DO, Chattanooga, TN, opened a private practice, Chattanooga General & Bariatric Surgery, at Memorial and Memorial North Park Hospitals.

Fred G. Wenger, Jr., DO, Knoxville, TN, was the recipient of the Meritorious Service Award presented by the American College of Osteopathic Emergency Physicians.

Class of 1988

Class Agent: Eric M. Lipnack, DO
856-784-0444, elipnack@comcast.net
John R. Gimpel, DO, Lafayette Hill, PA, was the recipient of the Phillips Medal of Public Service presented by Ohio University College of Osteopathic Medicine.

Class of 1989

Class Agents: Judith Richmond Pryblich, DO, 610-366-8445, gmpjrp@aol.com
Coleen M. Smith, DO
423-722-9355, colsmithdo@pol.net
Robert A. Garvin, DO, Lancaster, PA, is an anesthesiologist and a member of the board of directors at Ephrata Community Hospital in Lancaster County. In addition to practicing in the operating room, he founded and is the medical director of the Pain Management Center of Ephrata. Dr. Garvin is married to Beth Been, DO; the couple have three children: Carly, age 12; Grant, age 10, and Emily, age five.

Kurt W. Possai, DO, Thief River Falls, MN, joined the medical staff at RiverView Orthopaedic Clinic in Crookston, Minnesota.

Alice J. Zal, DO, Narberth, PA, was re-elected as a trustee-at-large of the Pennsylvania Osteopathic Medical Association.

Class of 1991

Class Agents: Luke Nelligan, DO
317-758-2080, luke_nelligan@ahni.com
Melissa Schwartz, DO,
215-969-5650, sethmelissa@comcast.net
Robert A. Crossey, DO, Pittsburgh, PA, has been named medical director at HealthSouth Hospital of Pittsburgh. In addition to HealthSouth, Dr. Crossey is on staff at Forbes Regional, UPMC Shadyside and UPMC Braddock. His primary practice is located within Premier Medical Associates, PC in Irwin.

Class of 1992

Class Agent: Gene M. Battistella, DO
412-777-4319, drbattman@comcast.net
John Petolillo, Jr., DO, Newtown, PA, was inducted as a member of the American Academy of Orthopaedic Surgeons.
Mark Williams, DO, Bloomsburg, PA, recently opened Susquehanna Valley Medical Specialties, a multiplex environment housing family medicine, obstetrics/gynecology, orthopedics, rheumatology, internal medicine, cardiology, ear, nose and throat, a pharmacy, a rehabilitation department, a radiology department and a short procedure operating room.

Class of 1994

Class Agent: Judith A. Gardner, DO
215-428-9383, judygocats@verizon.net
Paul A. Lowery, DO, Stuart, FL, has been chief of hospitalist services and assistant medical director for inpatient care at Martin Memorial Health Care Systems for the past eight years. He is married and has two children.



CLASSNOTES

Class of 1995

Class Agent: Francis N. Ogbolu, DO
606-833-9870

John B. Bulger, DO, Danville, PA, had his article, "Approval of ACGME Training as an AOA-Approved Internship: History and Review of Current Data," published in the *Journal of the American Osteopathic Association*.

Jeffrey A. Heebner, DO, Flourtown, PA, was installed as a member of the State Board of Osteopathic Medicine.

Michael P. Jaczko, DO, Carlton, OR, is president-elect of the Osteopathic Physicians and Surgeons of Oregon. In 2006, he was honored with the Rising Star Award presented by the Northwest Osteopathic Medical Foundation.

Class of 1996

Class Agent: Joanne E. Hullings, DO
215-781-0575, joannehullings@hotmail.com

Dan W. Pulsipher, DO, Sanibel, FL, was highlighted in an article, "Dream Practice: Working in Paradise," published in *Medical Economics* (November 2006).

Class of 1997

Class Agents: Armando Sciuillo, DO
724-458-1540,

munido177@hotmail.com

Laurie Ann Spraga, DO

215-483-3800, LaurieFa@pcom.edu

Sean D. Dakshaw, DO, Grandville, OH, joined the emergency medical staff at Licking Memorial Hospital in Newark, Ohio.

Michael J. Walt, DO, Olean, NY, joined the medical staff at Bradford Regional Medical Center.

Class of 1998

Class Agent: James V. Lieb, DO

814-946-2708, jlieb@medscape.com

Mara T. Felder, DO, Scarsdale, NY, opened a new family and internal medicine practice, Scarsdale Complete Medical.

David E. Henner, DO, Pittsfield, MA, was voted Teaching Attending of the Year: 2005-2006 by the medical residents at Berkshire Medical Center. Dr. Henner is a nephrologist at Berkshire Medical Center and an assistant professor of medicine at the University of Massachusetts College of Medicine in Worcester.

Nathaniel T. Marchetti, DO, Collegeville, PA, was the recipient of the 2006 Temple Faculty Development Research Award presented by Temple University School of Medicine.

Bradley J. Miller, DO, Reedsville, PA, was appointed associate medical director and program director of the osteopathic family medicine residency program at Susquehanna Health System in Williamsport, Pennsylvania. Dr. Miller and a group of 15 volunteers completed a two-week medical expedition to South-Central India. His group provided health care to a large Tibetan Buddhist refugee colony and monastery as well as to local native Indian villages.

Christopher L. Sarnoski, DO, Orefield, PA, joined the Heart Care Group, PC in Allentown, Pennsylvania.

Class of 1999

Class Agent: Tabatha Jeffers, DO
814-375-0460, froggytj@hotmail.com

Eric R. Gejer, DO, Yardley, PA, joined the department of medicine/cardiology at Doylestown Hospital.

Class of 2000

Class Agent: Edward Casey, DO
casey.edward@mayo.edu

Seeta Arjun, DO, Cherry Hill, NJ, practices emergency medicine at Kennedy Health System in New Jersey.

Laurie A. Brigandi, DO, Amherst, NH, was named Physician Champion of the Month in September 2006 by the Foundation Medical Partners at Southern New Hampshire Medical Center in Nashua, New Hampshire.

Adrian Demidont, DO, Harrisburg, PA, joined the medical staff at Carlisle Regional Medical Center.

Tammy L. Eisentrout, DO, Doylestown, OH, and her husband, Brynt, are the proud parents of Garrett, born on May 27, 2006. Dr. Eisentrout is working at her own practice, Partners in Family Practice Ltd., in Canton, Ohio.

Sean K. George, DO, Allentown, PA, joined the Heart Care Group in Allentown.

Jamison Jaffe, DO, Chalfont, PA, was appointed director of minimally invasive urologic surgery at Hahnemann University Hospital. In addition, Dr. Jaffe joined Urologic Consultants of Southeastern Pennsylvania; his partners include Laurence Belkoff, DO, **Phillip Ginsberg, DO '80**; **Samuel Manfrey, DO '75**; and **Harvey J. Yorker, DO '66**.

Pierre Palandjian, DO, Salisbury, MD, joined Eye Associates of Lancaster in March 2007.

Suzann Szewczak, DO, Harleysville, PA, joined the medical staff at Grand View Hospital - West Rockhill.

Class of 2001

Class Agents: Constance Andrejko, DO, and Kenneth Andrejko, DO
215-873-8384

Suzanne R. Fanning, DO, Lyndhurst, OH, was first author of an article titled "Severe Mucositis Is Associated With Reduced Survival After Autologous Stem Cell Transplantation for Lymphoid Malignancies" published in the *British Journal of Haematology*.

Carl Hoegerl, DO, Bloomsburg, PA, joined Geisinger Medical Center in Danville, Pennsylvania, as a staff physician in neurology.

Louis M. Kareha, DO, Clarks Green, PA, serves as the track physician at Watkins Glen International Raceway in Watkins Glen, New York.

Lorianne Pereira, DO, West Seneca, NY, was appointed medical director of stroke services at Kenmore Mercy Hospital.



CLASSNOTES

Joseph M. Roglieri, DO, Kingston, NY, became certified in nephrology by the American Board of Internal Medicine.

Jennifer Zannini, DO, Somerville, MA, joined Winchester Anesthesia Associates of Winchester, Massachusetts.

Class of 2002

Class Agents: Edward J. Armbruster, DO 856-751-5103, ejarmbruster@yahoo.com
Steven Blasi, DO, 610-252-2147, isxcrunningdoc@msn.com

Mark Bechtel, DO, Lake Wylie, SC, joined the medical staff at Gaston Memorial Hospital.

Christopher T. Cessna, DO, Sacramento, CA, is currently doing a vitreoretinal fellowship at the University of California, Davis Medical Center. He is married to **Kelly Ann Cessna, DO '03**, and has one son, Zachary, age one.

Joshua S. Coren, DO/MBA, Hatboro, PA, had his article titled "How to Plan an Open House for Your Practice" published in *Family Practice Management*. His article "Marketing the Primary Care Medical Practice" appeared in *Osteopathic Family Physician News*.

Natalie M. Hayes, DO, Banford, CT, is a pediatric pulmonary fellow at Yale University in New Haven, Connecticut.

Jeffrey M. Kuklinski, DO, Upper Darby, PA, is an emergency medical services fellow at Lehigh Valley Hospital in Allentown, Pennsylvania. Dr. Kuklinski and his wife are awaiting the birth of their first child this spring.

Timothy A. Leone, DO, Cherry Hill, NJ, was invited to present a poster, "Open Roux-en-Y Gastric Bypass in Patients With a Body Mass Index (BMI) Exceeding 70," at the 2007 Southeastern Surgical Congress held in Savannah, Georgia.

Marc B. Lewbart, DO, Macungie, PA, joined the medical staff at Lehigh Valley Hospital.



Nicole Kozma, PA-C '00



Finding Great Joy in the Tiniest Among Us

The atmosphere is intense, and an exhilarating energy fills the room. Monitors constantly beep as a steady flow of nurses, doctors and physician assistants quickly moves from incubator to incubator. There is a sense of heightened tension, yet it is a place of remarkable sensitivity. There is nowhere else in the hospital that Nicole Kozma, PA-C '00, would rather be.

As an undergraduate student at Pennsylvania State University, Ms. Kozma imagined a future as a pediatrician. But after shadowing physician assistants in a variety of settings, her mind was made up, "I loved what they did," she declares. After applying to several PA programs in Philadelphia, she chose PCOM. "My husband was a DO student at PCOM," she explains, "and I knew what a good education he was getting. I liked the small class size and the fact that the program was associated with a medical school.

"I was in the first class of PA students," Ms. Kozma continues, "and it was a great experience. I had wonderful rotations." But what she really loved was her pediatric clerkship at Geisinger Medical Center where she shadowed nephrologists, neurologists and neonatologists.

After graduating from PCOM, she completed an 18-month fellowship in pediatric and neonatal intensive care at Temple University Hospital, where she now works in the 26-bed, level-three, neonatal intensive care nursery. "The level-three unit is the highest level of care; we get the sickest of the sick," she explains. In this case, that means babies born as early as 23 weeks. Ms. Kozma attends high-risk births and does everything a neonatologist would do, from daily care to resuscitation to central line placement. "I have a lot of independence," she explains. Ms. Kozma works with six physicians and four other PAs.

"It's wonderfully gratifying," she continues, "when the parents bring a baby back to see how well they're doing after such a rough start. It's an honor to be part of saving such a tiny life." But not all stories are happy. Ninety percent of babies born at 23 weeks don't survive, and of those who do, 90 percent will suffer from disabilities. "The deaths are always difficult," she admits.

Ms. Kozma shares her love of her career with PCOM PA students as an alumni mentor. Students who are interested in working in neonatology can shadow her and observe everything she does in three- and four-hour shifts. They attend deliveries and watch procedures, but they have no hands-on training. Ms. Kozma has also taught clinical exam skills at both PCOM and at University of the Sciences in Philadelphia. "I'm happy to do anything I can to help promote the profession," she proclaims. "I love being a PA."



CLASSNOTES

Constance Andrejko, DO '01, and **Kenneth Andrejko, DO '01,** Philadelphia, PA, are the proud parents of twin boys, Mitchell and Nathan, born on July 25, 2006.

Seeta Arjun, DO '00, and **Robert J. Sidwa, DO '03,** Cherry Hill, NJ, were married on September 22, 2006.

Edward J. Armbruster, DO '02, Voorhees, NJ, and his wife, Abby, are the proud parents of Emilia Jordan, born on October 24, 2006. Little Emilia joins her brother, Jake, and sister, Mia, in the growing Armbruster family.

Joshua S. Coren, DO/MBA '02, and **Jennifer Coren, DO '03,** Hatboro, PA, are the proud parents of Julia Isabella, born on December 27, 2006. Zachary, age four, and Sarah-Grace, (18 months), were excited to welcome their new sister.

Reshma Desai, DO '99, Laurel, MD, and her husband, Jitu Modi, are the proud parents of Sohan, born on May 30, 2006. Big sibling Shivani, age three, was happy to welcome a new sibling.

Marcy Emmons, MS, PA-C '04, Cape Girardeau, MO, and her husband, Micah, are the proud parents of Sophia Marie, born on November 11, 2006.

Suzanne R. Fanning, DO '01, Lyndhurst, OH, and husband, Michael, are the proud parents of John Michael, born on October 7, 2006. Little John Michael was welcomed by big siblings Carly and Colby.

Beth Ball Giuliani, DO '87, Berwyn, PA, and her husband, Nicholas Giuliani, MD, are the proud parents of twin girls, Hannah and Isabella, born on October 4, 2006.

On a Personal Note



Louis M. Kareha, DO '01, Clarks Green, PA, and his wife, Lori, are the proud parents of Gavin Joseph, born on December 6, 2006.

Evan Kessler, DO '85, Dresher, PA, and his wife, Mimi, are the proud parents of Sophia Elizabeth, born on September 26, 2006. Little Sophia joins her sister, Alyssa, age 11, and brother, Jeffrey, age 9, in the growing Kessler family.

Pierre Palandjian, DO '00, and his wife, **Claudia Marcozzi, DO '01,** Salisbury, MD, are the proud parents of Jake, born on September 26, 2006.

Dana Ferrara Planer, DO '98, Punta Gorda, FL, and her husband, Richard, are the proud parents of twins, Madison Isabella and Frank Richard, born on October 17, 2006.

Kenneth C. Plowey, DO '03, Pittsburgh, PA, and his wife, Melody, are the proud parents of Madalyn Faith, born on September 14, 2006.

Christopher B. Rogers, DO '01, Philadelphia, PA, and his wife, Kathy, are the proud parents of Jamie Christopher, born on December 7, 2006.

Jaime Schrenk, DO '03, North East, MD, and her husband Michael, are the proud parents of Matthew Thomas, born on December 27, 2005.

Brian Shunk, DO '00, Harker Heights, TX, and his wife, Jill, are the proud parents of Emma Lynne, born on August 6, 2006.

David A. Wood, DO '96, Dallas, PA, and his wife, Alyson, celebrated their eighth wedding anniversary on November 14, 2006. They are the proud parents of Noah, age seven; Lily, age four; and Colin, age 21 months.

David P. Zambo, DO '98, and **Jennifer J. Zambo, DO '99,** Bethlehem, PA, are the proud parents of Sarah Pauline, born on October 2, 2006. Little Sarah was welcomed by sisters, Emma Elizabeth, age one, and Julia Rose, age five.

Jennifer Zannini, DO '01, Somerville, MA, married Matthew Cipriani on May 27, 2006.

Therese McCullough Linnon, DO, Clinton, NC, joined the medical staff at Goshen Medical Center in Clinton.

Sheryl L. Oleski, DO, Breinigsville, PA, was named team physician for Aaron's Professional Cycling Team.

Terry L. Pummer, DO, Mahanoy City, PA, joined the medical staff at Ringtown Northern Valley Medical Center.

Class of 2003

Jennifer Coren, DO, Hatboro, PA, joined Lower Bucks Pediatrics, P.C., as a general pediatrician.

Stephanie Kaliner, DO, Breinigsville, PA, had her article titled "Eating Disorders on the Rise for Men and Women" featured in the *Phoenix*.

Kenneth C. Plowey, DO, Pittsburgh, PA, was featured on Pittsburgh's *KDKA Channel 2 News* "Ask the Doctor" segment regarding the influenza vaccination.

Dominic G. Ventura, DO, Pittsburgh, PA, is chief resident of internal medicine at Western Pennsylvania Hospital. Upon completion of his residency, Dr. Ventura will begin a gastroenterology fellowship at West Penn. He and his wife, Mandie, have two children, Dominic, age four, and Lauren, age one.

Class of 2005

Nicholas Bower, DO, West Reading, PA, was the recipient of the Juniata College Health Professions Heroes Award for his outstanding contribution in terms of service and sacrifice related to health care and healing.

Dennis R. Given, PsyD, Coatesville, PA, appeared on CN8's "It's Your Call" with Lynn Doyle to discuss depression during the holiday season. He was also featured on 93.3 FM, WMMR's Public Affairs Show. Dr. Given is in private practice in West Chester, Pennsylvania, and is a board member of the Greater Philadelphia Chapter of the American Foundation for Suicide Prevention.

Certificates of Merit

Captain L. Edward Antosek, DO '72, Burnsville, NC, retired from the United States Navy after more than 30 years of service.

Fred R. Bailor, DO '71, Easton, MD, was inducted as a fellow of the American College of Osteopathic Emergency Physicians.

Ronald R. Blanck, DO '67, Fenwick Island, DE, was the recipient of the 2006 Kistner Award presented by the American Association of Colleges of Osteopathic Medicine.

John R. Gimpel, DO '88, Lafayette Hill, PA, was selected as the Holroyd Lecturer at La Salle University's 27th Annual Holroyd Award and Lecture.

Robert B. Goldberg, DO '77, Short Hills, NJ, was elected president of the Medical Society of the State of New York (MSSNY) at its annual House of Delegates meeting in Rye Brook on April 14. He is the first DO to hold this appointment in the society's 201-year history. Dr. Goldberg, a board-certified physiatrist who practices physical and rehabilitation medicine in Manhattan, has most recently gained recognition for helping to found a new medical school, Touro College of Osteopathic Medicine - New York (TOUROCOM), which will open in September along with a clinic to serve the Harlem area. He believes that directing healthcare dollars to physician education can help to eliminate disparities, reduce costs and increase access for the underserved. Dr. Goldberg will be TOUROCOM's first dean of community medical affairs and advocacy, as well as chair of the department of physical medicine and rehabilitation.

Eleanor V. Masterson, DO '57, Havertown, PA, was honored by the University of Medicine and Dentistry of New Jersey - School of Osteopathic Medicine when the institution named its osteopathic manipulative medicine laboratory in Dr. Masterson's honor.



Stephen C. Shannon, DO, MPH, president, AACOM (pictured left), presents Dr. Blanck with the Kistner Award. The Kistner Award is presented to individuals who have made a significant contribution to osteopathic medical education.



Dr. Goldberg has served medicine nationally as well as locally; he is the new president of MSSNY and has helped to found TOUROCOM, which will open this fall.

Scott T. Miekley, DO '61, Fayetteville, NC, was inducted as a fellow of the American College of Osteopathic Emergency Physicians.

Kenneth L. Smith, DO '60, Ocala, FL, was inducted as a fellow in the American Society of Nuclear Cardiology.

Francis P. Sutter, DO '76, Gladwyne, PA, was the recipient of the 2006 Holroyd Award presented at La Salle University's 27th Annual Holroyd Award and Lecture.

Class of 2006

John G. Stoner, Jr., DO, York, PA, co-authored an article, "Tattoos: A Survey of Patient Satisfaction," that was published in *Cosmetic Dermatology*.



In Memoriam

J. Weston Abar, DO '47, North Kingstown, RI, February 16, 2007.
Jay W. Adams, DO '50, Ankeny, IA, May 6, 2004.
Joseph A. Amalfitano, DO '45, Sterling Heights, MI, February 15, 2007.
David O. Boyer, DO '68, Berthoud, CO, December 18, 2006.
Ruth Peterson Corbis, RN '37, Ephrata, PA, December 10, 2006.
John J. DePalma, DO '75, Toms River, NJ, March 28, 2007.
Louis D. Ellis, DO '67, West Palm Beach, FL, October 6, 2006.
Israel Feldman, DO '40, North Miami Beach, FL, May 4, 2006.
Harold H. Finkel, DO '46, Wyomissing, PA, February 28, 2007.
John S. Flubacher, DO '93, Winter Harbor, ME, December 2, 2006.
Stuart F. Harkness, DO '38, Hershey, PA, October 21, 2006.

Ruth H. Johnston, RN '48, Mifflintown, PA, November 26, 2005.
Jerome H. Kohn, DO '44, Broomall, PA, March 4, 2007.
Anthony G. Leone, DO '57, Mount Laurel, NJ, January 15, 2007.
Charles Lichtenwalner, DO '39, Pottstown, PA, November 7, 2006.
Angelo Meloro, DO '48, Amarillo, TX, November 25, 2006.
James S. Miller, DO '77, Columbus, OH, October 29, 2006.
William R. Morris, DO '63, East Falls, PA, October 24, 2006.
Anthony J. Rivellini, DO '89, Hatfield, PA, October 14, 2006.
Ida Schmidt Williams, DO '35, Glenside, PA, April 8, 2007.
Miriam W. Shore, DO '48, Philadelphia, PA, February 8, 2007.
R. Scott Smith, DO '82, Naples, FL, February 2, 2007.
Andrew J. Tatom, II, DO '62, Hempstead, NY, June 3, 2005.
Thomas E. Trosko, DO '76, Harrisburg, PA, January 17, 2007.



Anthony G. Leone, DO '57

It is with deep sorrow that PCOM notes the passing of Anthony Leone, DO '57, Mount Laurel, NJ, on January 15, 2007. Dr. Leone was a friendly and familiar presence on campus for many decades

as were the operas that were a mainstay on his office radio.

Dr. Leone practiced family medicine in his South Philadelphia neighborhoods where he continued to

make house calls for 35 years. In addition, he practiced family medicine at the College from 1958 until 1996 when he joined the OMM department, where he remained until his death.

In addition to his practice, Dr. Leone was a clinical instructor at PCOM from 1958 until 1964. In 1976, he became clinical assistant professor in the department of osteopathic principles and practice, a position he held until 1996 when he was named associate professor, department of osteopathic manipulative medicine.

In 1996, Dr. Leone was the first recipient of PCOM's Primary Care Physician of the Year Award.



ESSAY

My Turn

By Catherine E. McCoubrey (EdS '08)

The growing movement to redress healthcare disparities is defining the professional direction of increasing numbers of students across PCOM programs and campuses. This year I had the opportunity to help organize a student forum on healthcare disparities. As a 50-something school psychology student, I have been moved by the purposeful energies of younger students striving to prepare themselves as healers of an ailing world, as well as of sick and injured people. Coming from mainstream, diverse and international backgrounds, these students bring knowledge of the societal structures and conditions affecting the well-being of their families and communities. They also recognize the unequal treatment given to many Americans and to poor and indigenous populations abroad. The forum's student presenters, in particular, have converged on the road toward systemic change, guided by their early experiences. These students have inspired me to revisit the roots of my commitment to social justice in education and behavioral healthcare.

In the late 1950s, my humanistic/agnostic parents joined other families to start a Unitarian fellowship. I was heard, loved and respected as a child there. We were taught to live with the big questions, rather than with absolute answers, to be familiar with the spiritual values of the great world religion and to engage in social issues. These gifts helped me to cope with

family alcoholism, as did intensive dance training. My family member's long decline, failed rehabilitations and sustained recovery also became a lesson in the human capacity to heal, despite great losses.

At Antioch College, I worked in the field of juvenile justice and majored in clinical and social strategies in mental health. Disillusioned with

**“We cannot be whole—
as practitioners or
as a society—without
moving toward
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barriers to healthcare
for everyone.”**

“band-aid” solutions, I returned to dance and discovered the emerging field of dance/movement therapy. This discipline enabled me to integrate my social values with a practice that was restorative. I gained extensive clinical experience over the course of 25 years while working primarily with people who had severe mental illness and low socioeconomic status.

After marrying the pastor of an urban church, I was reawakened by the destructive effects of gentrification on his mixed congregation. Anti-racism training in a broader church community gave us a framework of support and analysis for addressing the

issues within a relationship of accountability. This has been a profoundly formative experience that continually leads me to question all my social assumptions. When I discovered PCOM's school psychology program—the combination of supporting children's learning and mental health needs and working in the civil rights arena of public education—I was compelled to further integrate my personal, professional and political values.

At PCOM, a shared vision to heal the body politic is unifying students in the DO, biomedical science, forensic medicine, physician assistant and psychology programs. I believe all of us are strengthened by the osteopathic belief in the body's natural ability to move toward wholeness, supported by the healing arts and sciences. We are also beginning to understand that we cannot be whole—as practitioners or as a society—without moving toward fairness and the elimination of barriers to healthcare for everyone. The healthcare movement offers each of us a

chance to participate in the greater good and to be an active part of a global effort to care for humanity.



Readers: The staff of Digest welcomes your ideas for essays that would be of interest to the PCOM community. Please submit ideas in writing to Jennifer Schaffer Leone. E-mail jenniferleo@pcom.edu; fax 215-871-6307; or mail Marketing and Communications, 4180 City Avenue, Philadelphia, PA 19131-1695.



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- Adlai Stevenson



EVENTS

July 25

Graduate Programs
Commencement
*Kimmel Center for the
Performing Arts
Philadelphia, PA*

August 10-12

Pennsylvania Osteopathic
Family Physicians Society
Annual Convention
Hershey, PA

September 15

Penn State Alumni Tailgate
State College, PA

September 24

2007 PCOM Golf Classic
*Aronimink Golf Course
Newtown Square, PA*

September 30-October 4

2007 American Osteopathic
Association Convention and
Scientific Seminar
San Diego, CA

October 25

2007 President's
Recognition Reception
*Hilton Philadelphia
City Avenue,
Philadelphia, PA*

November 10

Georgia Campus Open House
*GA-PCOM Campus
Suwanee, GA*



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